



# Committee on **HOMELAND SECURITY** Chairman Peter T. King

## **Opening Statement**

April 17, 2012

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### **Statement of Chairman Gus M. Bilirakis (R-FL) Subcommittee on Emergency Preparedness, Response, and Communications**

#### **"Taking Measure of Countermeasures (Part 3): Protecting the Protectors"**

**April 17, 2012  
Remarks as Prepared**

This hearing is the third in a series held by the Subcommittee on the vital issue of medical countermeasures. The Subcommittee has received testimony on challenges in the research, development, and acquisition of medical countermeasures and on plans and strategies to distribute and dispense diagnostics, medications, and other life saving equipment. Today we continue this discussion with a focus on how we protect those who protect the public in the event of a chemical, biological, radiological, or nuclear attack or emergency.

As noted by the WMD Commission, the threat of WMD terrorism remains, and the better we prepare, the more we reduce the risk. Medical countermeasures are but one component that allows us to do so, yet they are such a critical piece that they deserve special attention. As we learned at our last hearing, there are a number of dispensing methods under consideration. We have two distinguished panels of witnesses here today to help us further assess these plans and strategies at the Federal, State, and local levels and to discuss how best to protect emergency response providers

and their families through mechanisms such as voluntary pre-event vaccination and the pre-deployment of medkits.

The provision of such assets to targeted populations is not without precedence. The United States Postal Service has a program well underway in several cities to deliver medical supplies to the public in the event of a biological emergency. As a condition of participation, the Postal Service required that the letter carriers themselves and their families be provided with antibiotic medkits in advance, in order to ensure their own protection. Kits and a program were then developed with FDA backing to achieve this.

Yet the law enforcement members that will escort the letter carriers from home to home do not yet have the same option. The Assistant Secretary for Preparedness and Response at HHS is working with the FDA to rectify this, and I look forward to hearing from Mr. Gabriel on progress toward this important issue.

Another priority that we have heard from the first responder community is its desire for access to anthrax vaccine. Given the millions of doses in the national stockpile that annually expire and are then discarded, it would seem entirely reasonable to make these supplies available to first responders prior to their expiration. That would benefit the responders, who respond frequently to white powder incidents that may someday turn out to be the real thing. And it would certainly work for those of us who do not want to see federal resources wasted.

I look forward to hearing from Dr. Polk, and from our second panel, on how the pilot is proceeding and what needs to happen to make it successful.

I also think that we should look beyond the anthrax threat and have a frank discussion about what other measures, if any, should be taken with regard to other biological, chemical, and radiological threats.

It is in all of our interests to ensure that our protectors are protected, that their families are protected, and that they are able to come to work and do their jobs when duty calls. That will keep all of us safer and more secure.

Our previous hearings in this series have highlighted the challenges we face in developing countermeasures and getting them to the people who need them. First and foremost in our minds should be our first responders, and I look forward to discussing with all of you today how to make this endeavor a success.

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